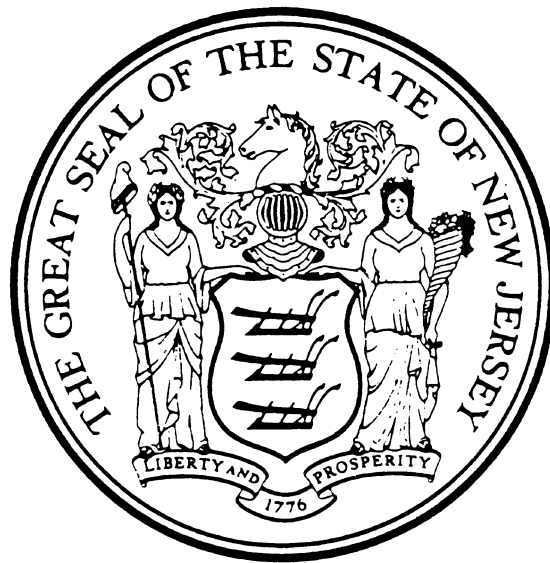


**STATE OF NEW JERSEY**  
**Division of Gaming Enforcement**



**CASINO HOTEL ALCOHOLIC BEVERAGE  
TEMPORARY MISCELLANEOUS CONTINGENCY  
PERMIT APPLICATION**

**STATE OF NEW JERSEY**  
**Division of Gaming Enforcement**

**TEMPORARY MISCELLANEOUS CONTINGENCY PERMITS**  
**FOR ALCOHOLIC BEVERAGES**

A Casino Hotel Alcoholic Beverage (CHAB) temporary miscellaneous contingency permit issued by the Division of Gaming Enforcement is required when a business or organization wants to sell, serve or deliver alcoholic beverages on the premises of a CHAB licensee under circumstances where a CHAB license or permit is not expressly provided for by law.

These permits are requested through an application for a CHAB temporary miscellaneous contingency permit. This application requests specific information about the circumstances that require a permit and the purchase and service of any alcoholic beverages. Pursuant to *N.J.A.C. 13:69I-5.7(b)2*, the application must be filed at least 30 days before the date of the event and include the appropriate fee in accordance with *N.J.A.C. 13:69A-9.7(e)2* for each day of the event. The fee is nonrefundable should the event be canceled in accordance with *N.J.A.C. 13:69A-9.19(b)*.

A CHAB temporary miscellaneous contingency permit is granted with conditions that address the purchase, storage, handling, selling and serving of alcoholic beverages at the event. In addition, the holder of a CHAB temporary miscellaneous permit may be required to file an inventory report. This report is to describe the amount of alcoholic beverages purchased and an explanation of the disposition of these alcoholic beverages.

Additional information about a temporary miscellaneous permit can be found in the CHAB temporary miscellaneous contingency permit application form or by calling (609) 317-6218.

**STATE OF NEW JERSEY  
DIVISION OF GAMING ENFORCEMENT  
CITICENTER BUILDING, 4<sup>TH</sup> FLOOR/CHAB  
1300 ATLANTIC AVENUE  
ATLANTIC CITY, NJ 08401**

**APPLICATION  
TEMPORARY MISCELLANEOUS CONTINGENCY PERMIT  
FOR ALCOHOLIC BEVERAGES**

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**INSTRUCTIONS:**

1. In accordance with *N.J.A.C. 13:69I-5.7(b)2*, a complete, original application must be filed with the Division of Gaming Enforcement (Division) at least 30 days prior to the scheduled event.
2. All questions must be answered. If a question does not apply, write "Does not apply" in response to that question.
3. In accordance with *N.J.A.C. 13:69A-9.7(e)2*, the fee for a CHAB temporary miscellaneous contingency permit is \$50. A check or money order for the appropriate amount, payable to the CASINO CONTROL FUND, must be included with the completed application. Pursuant to *N.J.A.C. 13:69A-9.19(b)*, this fee is nonrefundable should the event be canceled.
4. Send your application and fee to:

**Division of Gaming Enforcement  
CitiCenter Building, 4<sup>th</sup> Floor/CHAB  
1300 Atlantic Avenue  
Atlantic City, NJ 08401**

5. Depending on the contingency, you may be required to file an inventory report describing the alcohol purchased or sold. Failure to file the inventory report may be cause for denial of any future application for any CHAB permit issued by the Division. You should immediately advise the Division of any changes to the activities described in this application to prevent any action from being taken for failure to file the inventory report.
6. If you have any questions about this form, please call (609) 317-6218.

**STATE OF NEW JERSEY  
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CITICENTER BUILDING, 4<sup>TH</sup> FLOOR/CHAB  
1300 ATLANTIC AVENUE  
ATLANTIC CITY, NJ 08401**

**TEMPORARY MISCELLANEOUS CONTINGENCY CHAB PERMIT**

1. Name, address and daytime phone number of the business or organization applying for the permit:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (Number and Street)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Number

\_\_\_\_\_  
Fax Number (if any)

2. Name, address, daytime phone number, and email address of the person who should be contacted regarding this permit:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (Number and Street)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Number

\_\_\_\_\_  
Fax Number (if any)

\_\_\_\_\_  
E-Mail Address

3. Describe the circumstances or occurrences for which the permit is requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date(s) and time(s) for which permit is required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** The Division is to be notified immediately if any changes are made to date(s) and time(s).

5. Identify the types of alcoholic beverages required for the event: (Check all that apply):

☐ Wine

☐ Distilled Spirits

☐ Malt Alcoholic Beverages

**Note:** An inventory listing of the alcohol being purchased, sold, stored, or delivered is to be included with this application. This list is to include a description of the type and brand of alcohol and the amount paid and/or charged for each if a sale of alcohol is part of the activities requested in this permit. Any changes to this list are to be identified on an amended inventory that is to be filed within ten (10) days after the expiration of the permit.

6. Will you or your organization be purchasing these alcoholic beverages?

Yes ☐ No ☐

If YES, indicate from where the alcoholic beverages will be obtained or purchased and the date of purchase:

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Name

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Address (Number and Street)

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City

State

Zip Code

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Date of Purchase

7. Describe the activities that will involve the selling, serving, delivering, or storing of alcoholic beverages. Include copies of any written materials that were prepared to describe these activities, if applicable:

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8. Do the activities described in this application require the use of an authorized location on the premises of a CHAB licensee?

Yes ☐ No ☐

Do these activities require the use of any premises licensed by the New Jersey Division of Alcoholic Beverage Control?

Yes ☐ No ☐

If YES to either question, provide the name of the location(s) and the dates and times this location will be used:

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Location

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Date(s)

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Time(s)

**Note:** If additional space is needed, provide the information on a separate sheet of paper attached to this application.

9. Will any charges or fees be assessed?

Yes ☐

No ☐

If YES, how much is the charge or fee? \$\_\_\_\_\_

Specify how this charge or fee will be collected:

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For what purpose will the proceeds of the fee collected be used?

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10. Has your organization ever been issued any CHAB permit by the New Jersey Division of Gaming Enforcement or the New Jersey Casino Control Commission?

Yes ☐

No ☐

If YES, provide the following information about the most recent event:

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Type of permit issued

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Date of event

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Place of event

## ACKNOWLEDGMENT OF APPLICANT

The following conditions must be agreed to before a temporary miscellaneous contingency permit is issued:

1. The permittee shall be liable for any violations of all applicable alcoholic beverage laws and regulations during the event. If the permittee is not a CHAB licensee, the CHAB licensee and the permittee shall be jointly and severally liable for any violations.
2. An inquiry is made to the Division of Alcoholic Beverage Control (ABC) to determine the necessity of any permit that may be required from the ABC. You may call them at (609) 984-2830. If an ABC permit is issued, a copy must be provided to the Division of Gaming Enforcement prior to the date of the event.
3. If the event for which this permit is requested is more than one day, arrangements must be made for the safekeeping and storage of all alcoholic beverages in an authorized and licensed storage area within the casino hotel facility.
4. The permittee shall not sample, sell, serve, or deliver, or allow, permit or suffer the sampling, sale, service, or delivery of any alcoholic beverage, directly or indirectly to, or for consumption by, any person under the legal age to consume alcoholic beverages, nor to any who is actually or apparently intoxicated.
5. Permission is given to the Division of Gaming Enforcement and its duly-authorized representatives, investigators and agents, to investigate the sale of alcoholic beverages at the event for which this application is made.

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Signature/Title of Applicant Representative

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Print Name of Signer

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Date

**CERTIFICATION AND AGREEMENT  
FROM SPONSORING CHAB LICENSEE**

I certify that not more than 25 special event permits have been authorized for these premises during this calendar year.

I further certify that I am the person in charge of the premises, or an agent for the owner of the facility, upon which the applicant will hold the event; that I am fully authorized to and do hereby certify that there are no objections to the sale and service of alcoholic beverages upon such premises at such event.

It is understood that as the Casino Hotel Alcoholic Beverage licensee, I will be jointly and severally liable, along with the permittee, for any violation(s) of applicable alcoholic beverage laws and regulations of the New Jersey Division of Alcoholic Beverage Control and/or the Division of Gaming Enforcement.

\_\_\_\_\_  
Signature/Title of CHAB Licensee Representative

\_\_\_\_\_  
Print Name of Signer

\_\_\_\_\_  
Date



**STATE OF NEW JERSEY  
DIVISION OF GAMING ENFORCEMENT  
CITICENTER BUILDING, 4<sup>TH</sup> FLOOR/CHAB  
1300 ATLANTIC AVENUE  
ATLANTIC CITY, NJ 08401**

**INVENTORY REPORT**

As the recipient of a temporary miscellaneous permit that authorizes the purchase and service of alcoholic beverages, your organization is required to fully complete this inventory report within ten (10) days following the event.

Attach to the completed inventory report, a copy of any program describing the event, a copy of any ticket used for admittance to the event, and copies of invoices received for the purchase of alcoholic beverages.

**NOTE: FAILURE TO FILE THE INVENTORY REPORT AT THE ABOVE ADDRESS WITHIN TEN (10) DAYS FOLLOWING THE EVENT MAY BE CAUSE FOR DENIAL OF ANY FUTURE APPLICATION FOR A PERMIT BY YOUR ORGANIZATION.**

1. Permit number issued: \_\_\_\_\_

2. Name and address of organization granted the permit:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (Number and Street)

\_\_\_\_\_  
City State Zip Code

3. Date of event: \_\_\_\_\_

4. Place of event: \_\_\_\_\_

5. Does your organization hold a liquor license?

Yes ☐

No ☐

\_\_\_\_\_  
Type of license

\_\_\_\_\_  
License number

6. Type of event for which the permit was issued: \_\_\_\_\_

7. Number of persons in attendance: \_\_\_\_\_

8. In the space below, list the specific quantities of each type of alcoholic beverages purchased for this event:

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Wines

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Distilled spirits/liquors

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Malt alcoholic beverages/beer

9. Date alcoholic beverages were purchased:\_\_\_\_\_

10. Name and address of wholesaler or retailer from which alcoholic beverages were purchased:

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Name

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Address (Number and Street)

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City

State

Zip Code

11. List specific quantities of each type of alcoholic beverages on hand at the end of the event:

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Wines

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Distilled spirits/liquors

---

Malt alcoholic beverages/beer

12. Describe the disposition of any alcohol remaining at the end of the event:

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13. Attach a copy of any ticket and/or program used for the event.

If none, check here: ☐

\_\_\_\_\_  
Signature of Organization Official or Representative

\_\_\_\_\_  
Print Name of Signer

\_\_\_\_\_  
Date

### **NOTARIZATION**

Subscribed and sworn to

before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*State*